Provide Day Programming for

Developmentally Disabled

No |

MARYHILL MANOR, INC. 501 MADISON AVENUE NIAGARA 54151 Phone: Operated from 1/1 To 12/31 Days	s of Operation: 365 Hi	ghest Level License:	Sk	onprofit Church					
Operate in Conjunction with Hospita	al? No Op	erate in Conjunction with	CBRF? No	No 					
Number of Beds Set Up and Staffed	(12/31/02): /5 Ti	tle 18 (Medicare) Certific	ed? Ye	Yes					
Total Licensed Bed Capacity (12/31/	/02): /5 Ti	/5 Title 19 (Medicaid) Certified? Yes							
Total Licensed Bed Capacity (12/31/02): 75 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 70 Average Daily Census: 70 ***********************************									
Services Provided to Non-Residents	Age, Sex, and Primary Di	agnosis of Residents (12/	31/02)	Length of Stay (12/31/02	2) %				
Home Health Care Supp. Home Care-Personal Care	No Primary Diagnosis	% Age Groups	· 왕	Less Than 1 Year	41.4				
Supp. Home Care-Personal Care	No			1 - 4 Years	45.7				
Supp. Home Care-Household Services									
Day Services	No Mental Illness (Org./Psy) 25.7 65 - 74	7.1						
Respite Care	Yes Mental Illness (Other)	10.0 75 - 84	24.3		100.0				
Adult Day Care	No Alcohol & Other Drug Abu								
Adult Day Health Care	No Para-, Quadra-, Hemipleg	ic 2.9 95 & Over	10.0	Full-Time Equivale	ent				
Congregate Meals	No Cancer	2.9		Nursing Staff per 100 F	Residents				
Home Delivered Meals	No Fractures								
Other Meals									
Transportation	No Cerebrovascular				11.3				
Referral Service	No Diabetes				3.7				
	Yes Respiratory								
Provide Day Programming for	Other Medical Conditions	22.9 Male	21.4	Aides, & Orderlies	37.9				
Mentally Ill	No	Female	78.6						

Method of Reimbursement

100.0 |

100.0 |

		edicare			edicaid			Other		1	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	o _l o	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	292	49	96.1	113	0	0.0	0	5	55.6	126	0	0.0	0	0	0.0	0	64	91.4
Intermediate				2	3.9	95	0	0.0	0	4	44.4	117	0	0.0	0	0	0.0	0	6	8.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		51	100.0		0	0.0		9	100.0		0	0.0		0	0.0		70	100.0

*********	*****	********	******	*****	*****	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, and	d Activities as of 1	2/31/02
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	્ર		sistance of	% Totally	Number of
Private Home/No Home Health	8.0		Independent		Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.3	2 2 1	1.4		74.3	24.3	70
Other Nursing Homes	2.7	Dressing	14.3		70.0	15.7	70
Acute Care Hospitals	81.3	Transferring	28.6		48.6	22.9	70
Psych. HospMR/DD Facilities		Toilet Use	28.6		50.0	21.4	70
Rehabilitation Hospitals	2.7					10.0	70
Other Locations	4.0	******	*****	*****	*****	******	*****
Total Number of Admissions	75	Continence		%	Special Treatment	cs	8
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	1.4	Receiving Resp	iratory Care	17.1
Private Home/No Home Health	15.5	Occ/Freq. Incontinen	t of Bladder	48.6	Receiving Track	neostomy Care	0.0
Private Home/With Home Health	18.3	Occ/Freq. Incontinen	it of Bowel	24.3	Receiving Suct:	Loning	0.0
Other Nursing Homes	8.5				Receiving Ostor	ny Care	1.4
Acute Care Hospitals	14.1	Mobility			Receiving Tube	Feeding	2.9
Psych. HospMR/DD Facilities	1.4	Physically Restraine	ed.	0.0	Receiving Mecha	anically Altered Die	ts 27.1
Rehabilitation Hospitals	0.0						
Other Locations	4.2	Skin Care			Other Resident Ch	naracteristics	
Deaths	38.0	With Pressure Sores		4.3	Have Advance D:	irectives	68.6
Total Number of Discharges	1	With Rashes		7.1	Medications		
(Including Deaths)	71				Receiving Psych	noactive Drugs	54.3

************************************* Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership:			Size:		ensure:					
	This	Non	profit	50	-99	Ski	lled	Al				
	Facility	acility Peer		Peer	Group	Peer	Group	Faci	lities			
	olo	olo	Ratio	90	Ratio	용	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	92.2	1.01	88.5	1.05	86.7	1.08	85.1	1.10			
Current Residents from In-County	28.6	76.0	0.38	72.5	0.39	69.3	0.41	76.6	0.37			
Admissions from In-County, Still Residing	12.0	25.2	0.48	19.5	0.62	22.5	0.53	20.3	0.59			
Admissions/Average Daily Census	107.1	95.0	1.13	125.4	0.85	102.9	1.04	133.4	0.80			
Discharges/Average Daily Census	101.4	97.5	1.04	127.2	0.80	105.2	0.96	135.3	0.75			
Discharges To Private Residence/Average Daily Census	34.3	38.4	0.89	50.7	0.68	40.9	0.84	56.6	0.61			
Residents Receiving Skilled Care	91.4	94.3	0.97	92.9	0.98	91.6	1.00	86.3	1.06			
Residents Aged 65 and Older	95.7	97.3	0.98	94.8	1.01	93.6	1.02	87.7	1.09			
Title 19 (Medicaid) Funded Residents	72.9	63.8	1.14	66.8	1.09	69.0	1.06	67.5	1.08			
Private Pay Funded Residents	12.9	28.5	0.45	22.7	0.57	21.2	0.61	21.0	0.61			
Developmentally Disabled Residents	1.4	0.3	5.65	0.6	2.31	0.6	2.52	7.1	0.20			
Mentally Ill Residents	35.7	37.9	0.94	36.5	0.98	37.8	0.94	33.3	1.07			
General Medical Service Residents	22.9	23.0	0.99	21.6	1.06	22.3	1.02	20.5	1.12			
Impaired ADL (Mean)	47.1	49.9	0.95	48.0	0.98	47.5	0.99	49.3	0.96			
Psychological Problems	54.3	52.6	1.03	59.4	0.91	56.9	0.95	54.0	1.01			
Nursing Care Required (Mean)	7.5	6.3	1.19	6.3	1.20	6.8	1.10	7.2	1.04			